DEPARTMENT OF SOCIAL SERVICES



August 13, 1985

ALL-COUNTY LETTER NO. 85-89

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CLARIFICATION OF REFUGEE DEMONSTRATION PROJECT (RDP)
QUESTIONS AND ANSWEPS AND NOTICES OF ACTIONS (NOAs) INFORMATION

REFERENCE:

ACL 84-94, ACL 85-75, ERRATA TO ACL 85-61

The purpose of this letter is to provide Notice of Action (NOA) language for failure/refusal to register with the appropriate agency/program, clarification on the Refugee Demonstration Project (RDP) questions and answers contained in All-County Letter (ACL) 85-75 and to provide the counties with additional information regarding NOAs.

Failure to Register - NOAs

Attached are the NOAs (Attachment I and II) which are to be used when a nonexempt individual in an assistance unit (RDP-U or RDP-FG) fails to register with the Central Intake Unit (CIU). (Refer to ACL 85-75 Section IV, Question 2.) Please note that this NOA should also be used for failure to register with the Work Incentive Demonstration Project (WIN DEMO) and/or Employment Development Department - Job Servicess (EDD-JS). The county must specify on the NOA which agency(s) or program(s) the individual has failed to register with.

Clarifications to RDP Questions and Answers (ACL 85-75)

1. As stated in ACL 85-75 (Section VII, Question 9), the principal earner (P.E.) in an RDP-U assistance unit shall not have quit/refused a job without good cause 30 days prior to applying for aid. When does the 30 day period begin?

The 30 day ineligibility period begins with the date that the P.E. quit/refused the job. The 30 day ineligibility period would not apply to an RDP-FG individual/assistance unit. Therefore, counties should disregard instructions contained in ACL 85-75 regarding the treatment of the FG caretaker relative.

2. As stated in ACL 85-75 (Section VII, Question 1), RDP time-eligibility would be measured from the end of the month in which the change occurred.

The counties need to change this instruction to read, "RDP time-eligibility for the <u>new</u> caretaker relative or principal earner would be measured from the date of application for aid on behalf of the caretaker relative/principal earner."

Additional Information Regarding NOAs

1. The RCA NOA language contained in ACL 84-94 (Attachment III) is also to be used when an applicant is denied assistance under RDP for failure to register. Counties must substitute RDP in place of RCA when sending the denial notice to RDP applicants. For RDP purposes, only the first and last boxes are to be used. Do not use or mark any of the other boxes for RDP. When an application for RDP and cash-based Medi-Cal is denied, the application must be evaluated for eligibility under the Medi-Cal Only program. Title 22, CAC, 50179.5 requires that the applicant be notified of the specific results of that evaluation.

Please note that the counties must specify which agency(s) or program(s) the individual has failed to register with (refer to the section on Failure to Register in this ACL).

- 2. The errata to ACL 85-61 regarding Sanctions lists examples of appropriate reasons for RDP sanctioning. One of the reasons stated was failure to register at the CIU. Please delete this reason as it does not apply for sanctioning purposes. For this situation, a case can be discontinued or an application can be denied until the registration requirements are met. Refer to the Failure to Register NOA in this ACL when this situation occurs.
- 3. Translations (includes Vietnamese, Chinese, Laotian and Cambodian) have been completed for the following NOAs:
 - Cash Aid/MC Transfer-Decrease (Refugee Demonstration Project)
 - o Cash Aid/MC Applicant Approval (Refugee Demonstration Project)
 - o Cash Aid/MC Transfer-No Change (Refugee Demonstration Project)
- 4. Translations for the following NOAs and stuffer notice (includes Vietnamese, Chinese, Laotian and Cambodian) are currently being developed and will be forwarded to the counties as soon as possible.
 - o Cash Aid/MC Sanctions (Refugee Demonstration Project)
 - o RCA Stuffer Notice
 - o RCA CIU Referral NOAs

Counties should be aware that there is a monthly publication listing all translated forms prepared by the Department of Social Services (DSS), Language Services Unit, which is forwarded to the CWDs for their information. All questions or requests regarding translations should be directed to the DSS Language Services Unit at (916) 323-9562.

If you have further questions, please contact Ms. Laura Williams, Chief, Refugee Support Management Bureau at (916) 322-3141. Ms. Williams will coordinate DSS responses to all questions involving RDP implementation.

RICHARD C. BAIZ

Deputy Director

Government and Community Relations

Attachments

cc: CWDA

ORR-SF

(A1_JHMENT I)

Department of Social Service

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Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date :

Description of the A	Action, Amount, Reason(s), Comments. Effective, the following action is being taken
	The county is stopping the cash aid you and your family get under the Refugee Demonstration Project (RDP).
·	failed/refused without good cause
ŧ	(name) to register with the
7	Your entire family's aid will be stopped.
У	Cou will get a separate notice for Medi-Cal.

Regulations. This action is required by State regulations which are available for review at the county welfare department: Manual o Policies and Procedures (MPP) Section(s) 69-205.3. 69-206.11, 69-208.73, 42-625.4 and 42-625.5 69-208.712 a.

Medi-Cal — California Administrative Code Title 22, Section(s) 50179.5 and 50183

You may reapply for RDP at any time.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

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Notice of Action

If you have questions or want more information about this action, please contact your worker.

Case Name : Case Number : Worker : Phone : Date :

Description of the Action, Amount, Reason(s), Comments. Effective, the following action is being take							
	The county is changing aid from \$your cash-based Medi	to \$	ugee Demonstrat	ion Project (RDP) will continue to	cash get		
			failed/refused	without good cause			
	(name) to register with the	,	(specify)		•		
	(name) continued to the rem		our family.	(name)	be may	y Name	Name
Computation of:	Financial Eligibility		ivet ivonexempt	income Computation	Name	Name	Natite
	Aid Payment for persor	ns		ome Sec. and Disab. Ins. rk Expense Disregard			
	rify)			are Expense Disregard		 	-
N. N.		+	Disregard: \$	30			
Net Non-exempt Inc Child/Spousal Supr	come port Collected by the County		Subtotal	/3 of Subtotal	=		1
(for eligibility compu	•		Other Countable	Income:			
Overpayment Adjus Aid Payment	tment (see page)	#	Court Ordered C	hild/Spousal Support Paid	<u> </u>		
			 Net Nonexempt 	Income Total (columns 1 +)	2 + 3)	***************************************	***************************************
Regulations. The Policies and Processing	nis action is required by State edures (MPP) Section(s) 69- 69-208.712 b., 69-	e regulations wh -205.3, 69-2	nich are available for 206.11, 69-208.	review at the county welf 11, 69-208.73, 42-6	are depart 025.4 ar	ment:_{	Manual 025.5
Medi-Cal: Califo	ornia Administrative Code Title	e 22, Section(s)	50179.5 and 50	01.83			
	The District Attorney can help				ity, and co	llect chil	d suppo

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the

To obtain these services, or to continue them if aid is discontinued, you must contact the District Attorney's office.

effective date of the action. Read the back for important information about your right to appeal this action.

Family Planning Services. Information is available from the County Welfare Department on request.

NOTICE OF ACTION

Case Name:
Case Number:
Worker:
Phone:
Date:
Interpreter Needed: Language Dialect

ACTION
EFFECTIVE:
Your application of (Date of Application) for Refugee Cash Assistance (RCA) and cash-based Medi-Cal is denied.
Your RCA grant and cash-based Medi-Cal are discontinued for three payment months.
Your RCA grant and cash-based Medi-Cal are discontinued for six payment months.
Your family RCA grant is decreased from \$ to for three payment months. (name) cash-based Medi-Cal is discontinued.
Your family RCA grant is decreased from \$ to \$ for six payment months. (name) cash-based Medi-Cal is discontinued.
You will receive a separate notice regarding your eligibility for Medi- Cal only.
REASON
You/ <u>(name)</u> failed/refused without good cause to meet the employment/training requirements as follows:

You may aid may period.	reapply for RCA at any time; however, the effective date of be no earlier than the day after the completion of the sanction
perrou,	•

LAWS AND REGULATIONS REQUIRING THIS ACTION

Refugee Assistance Amendments of 1982 (Public Law 97-363)
Office of Refugee Resettlement Action Transmittal 83-6
MPP Section 69-208.7, 69-208.712, 69-208.724, 69-208.73, 69-208.732 and 42-625.4

The welfare regulations are available for review at the local office of the county welfare department.

State Hearing. If you believe this action is wrong, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.